

# Keel Mountain Volunteer Fire Department

## Application for Membership

**FIREFIGHTING IS DANGEROUS AND HARD WORK. IF YOU DO NOT HAVE THE DEDICATION TO ATTEND TRAINING AND MEETINGS AS REQUIRED BY KMVFD DO NOT COMPLETE THIS FORM**

Name of Applicant	Date of Birth	Sex M                  F
Address and Telephone Number	Social Security Number	
Name/Address of Current Employer	Type of Membership Requested: <input type="checkbox"/> Active Firefighter/EMS <input type="checkbox"/> General Voting Member <input type="checkbox"/> Junior Firefighter <input type="checkbox"/> Associate Nonvoting Member	
Do you have any physical disabilities that would prevent you from participating fully in firefighting activities?                  YES                  NO		
Please List any firefighting/EMS experience you may have. Include any training, service with other departments, military forces, etc.		
Why do you want to join KMVFD?		
Please provide at least THREE references including name, address, and telephone number.		
1		
2		
3		

By signing this form you agree to a standard background check to be conducted by the office of the Sheriff of Madison County. The information contained in this application for membership and the results of any background check will be held in confidence by the Board of Keel Mountain Volunteer Fire Department.

By signing this form, you also agree to adhere to the Bylaws and Standard Operating Procedures of the Keel Mountain Volunteer Fire Department in the event you become a member.

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Signature of Applicant                                  Date